

Long Term Care Covid-19 Commission

Meeting with the Medical Officer of Health
on Friday, October 9, 2020



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 9th day of October, 2020,
9:00 a.m. to 10:00 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTERS:

Rosana Salvaterra, Medical Officer of Health for
Peterborough Public Health

1 Patti Fitzgerald, Manager, Infectious Disease
2 Program at Peterborough Public Health
3

4 PARTICIPANTS:

5
6 Alison Drummond, Assistant Deputy Minister,
7 Long-Term Care Commission Secretariat

8 Dawn Polik Mahoney,

9 John Callaghan, Long-Term Care Commission
10 Secretariat

11 Dawn Palin Rokosh, Director, Operations, Long-Term
12 Care Commission Secretariat
13

14 ALSO PRESENT:

15 Janet Belma, Stenographer/Transcriptionist
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I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 13, 22, 25, 26, 45

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 9:00 a.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 So do you know -- did you meet Commissioner Angela

4 Coke --

5 COMMISSIONER ANGELA COKE: Good

6 morning.

7 COMMISSIONER FRANK MARROCCO (CHAIR):

8 -- and Commissioner Jack Kitts?

9 ROSANA SALVATERRA: Hello.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 So the three of us are the Commission.

12 ROSANA SALVATERRA: Okay.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 And are you -- are you waiting for anybody else?

15 ROSANA SALVATERRA: No.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Okay.

18 ROSANA SALVATERRA: We -- it's just the

19 two of us. Patti Fitzgerald is our --

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 Hello. Hello, Ms. Fitzgerald.

22 ROSANA SALVATERRA: She's our manager

23 of infectious diseases, and she's actually become

24 our COVID manager given that COVID is now a program

25 for us, and she has the depth of experience with

1 our long-term care partners because Patti actually
2 helps them mend their outbreaks. So I thought it
3 would be really helpful to have both a high-level,
4 that's me, as well as the on-the-ground, you know,
5 the eyes and the -- and the ears of Peterborough
6 Public Health, so Patti's going to provide that
7 perspective.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Okay. Well, so let me tell you, sort of, just give
10 you some idea of where we are in our -- the way
11 we're approaching it. You know, typically, when
12 there's a commission created, it is looking back at
13 something that happened, and it's trying to explain
14 what happened to the public.

15 And it does that usually by
16 investigating, holding hearings, and writing a
17 report, and that process can take two years by the
18 time you assemble all the documents, figure out
19 what you want to have hearings about and then write
20 your report.

21 It doesn't work so well. That process,
22 the traditional process doesn't work so well for us
23 because we've been created, if you like, in the
24 middle of something. It isn't -- it isn't over
25 yet.

1 ROSANA SALVATERRA: M-hm.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 And so we feel that, really, there's not much of a
4 playbook. Maybe the SARS inquiry is close, but
5 there's not much of a playbook for us, so what we
6 thought we would do is focus early on
7 recommendations that we might forward to the
8 Minister, and then we'll have the luxury of,
9 perhaps, taking a more extended look at what
10 happened in Wave 1.

11 So that's where -- that's where we're
12 coming from, and naturally, we'd be interested in
13 any suggestions about what we might do -- or what
14 the government might do better or the Minister
15 might do better going forward so that we can at
16 least lend -- at least lend our support to
17 something like that if it commends itself to us, so
18 that's in a long-winded way of where --

19 ROSANA SALVATERRA: Sorry. Sorry.
20 You're breaking up. I'm afraid the audio was
21 breaking up a bit. I don't know if it was just me.
22 I can turn my camera off if that helps.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 No. I think -- can you hear me now?

25 ROSANA SALVATERRA: Yes.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Yes. So I had -- I don't know where I broke up,
3 but I was just saying that our focus right now is
4 to try to find some intelligent things to say to
5 the Minister in short order, and then we will have
6 the luxury of looking back at Wave 1 if in any way
7 we choose to but not with the pressure of Wave 2 or
8 Wave 3. We'll at least have reported --

9 ROSANA SALVATERRA: M-hm.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 -- in terms of recommendations. So that's what
12 we're -- that's kind of the position we're in as we
13 sit here.

14 ROSANA SALVATERRA: M-hm.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 And we'd be -- any assistance you can give us would
17 be very much appreciated.

18 ROSANA SALVATERRA: Sure. Sure. Well,
19 we are -- we were very happy to be invited to speak
20 with you this morning. And we do have -- we went
21 through the questions, and we appreciated the
22 opportunity with Alison just to make sure we were
23 oriented and understood and had those questions
24 ahead of time. So Patti and I have prepared some
25 comments --

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Sure.

3 ROSANA SALVATERRA: -- based on those
4 questions that we were provided. And at the end,
5 we would like to send our written submission, and
6 we have -- we have the -- Janet's email, so we'll
7 do that.

8 And my apologies. With the busyness of
9 COVID, we would have preferred to have sent this to
10 you earlier, but it's been a work in progress for
11 us, and we wanted to make --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Oh, that's fine.

14 ROSANA SALVATERRA: -- sure that we had
15 a chance to reflect because it is a challenge in
16 the midst of all this busyness to reflect on the
17 past and ensure that we are providing you with our
18 sound recommendations from our perspective which
19 was very much -- which was limited because -- and
20 just so to begin, let -- I want you to understand
21 what is the Peterborough lens or perspective that
22 we bring to this.

23 Peterborough Public Health and
24 Peterborough Public Health Unit serves a population
25 of just under 140,000 people in a relatively small,

1 cohesively part of the province. Our geographic
2 boundaries follow the boundaries of the County of
3 Peterborough, and within it are also the -- we
4 serve the communities of the City of Peterborough
5 and two First Nations. And the geographic, the
6 square kilometers is just under 4,000 square
7 kilometers, so a relatively small, cohesive
8 community.

9 In our community, we have eight
10 long-term care homes, and for a total --

11 And, Patti, I did the math. You
12 provided me with the numbers -- 1,111 beds in those
13 eight long-term care homes. We also have 11
14 registered retirement homes and with almost the
15 same number of beds.

16 So our long-term care population is
17 pretty much evenly divided between the long-term
18 care homes and the retirement homes, and then in
19 addition to that, we have four congregate settings
20 where -- and some are apartments buildings. Some
21 are unlicensed retirement homes where -- but they
22 are, you know, homes for older adults with a little
23 more independence but definitely in some -- in some
24 ways more risk as well because they don't have that
25 infrastructure that's present in the long-term care

1 home facilities.

2 And just over about 23% of our total
3 population is 65 years of age or over, so we have a
4 substantial proportion of our population that is
5 older.

6 Typically, people -- we have a large
7 seasonal population. They have lake homes. The
8 first retirement is often to the lake home. The
9 second retirement is into a retirement home or a
10 long-term care home here in Peterborough.

11 And so I think I know that we are not
12 the first Public Health agency that you have been
13 in touch with, and so by now, I think you would
14 have a good understanding of our role as local
15 boards of health.

16 We have an independent autonomous board
17 of health here in Peterborough, unlike Durham or
18 unlike Ottawa, I know you had conversations with
19 the MOHs there last week. I'm not sure this week
20 if you've had any conversations with autonomous
21 boards of health.

22 Our board consists of elected
23 representatives from our First Nations, our County
24 and our City as well as Provincial appointees, and
25 we operate under the legislative authority of the

1 Health Protection Promotion Act. The mandate is
2 prescribed in Section 5 of the Act, and that is
3 supplemented with the Ontario Public Health
4 standards. And within those standards and
5 primarily within the infectious disease and
6 prevention of communicable disease standard are the
7 protocols. And we -- and Patti, especially, use
8 these as tools, and the Institutional Facility
9 Outbreak Management protocol is what governs the
10 work we do with our long-term care partners.

11 I'm just -- I'm going to pause just for
12 a moment just to see whether you have any questions
13 about the role of Public Health in -- with
14 long-term care sector partners.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 We probably do.

17 Dr. Kitts? You're on.

18 COMMISSIONER JACK KITTS: Yes, I'm just
19 going to ask a question about leadership. You
20 referred to the legislative. So when coronavirus
21 comes into your community --

22 ROSANA SALVATERRA: M-hm.

23 COMMISSIONER JACK KITTS: -- and you
24 recognize that this is a danger to everybody, are
25 you the leader? Are you the one that takes charge

1 and brings everybody together to be held
2 accountable and have the authority to act? Is
3 that -- is that how it works?

4 ROSANA SALVATERRA: I certainly believe
5 that with diseases of Public Health significance,
6 yes, the local medical officer of health is
7 responsible for leading the community efforts to
8 ensure that health protection measures are in place
9 and that the public and partners have the
10 information they need to make the decisions they
11 need to make.

12 COMMISSIONER JACK KITTS: So you would
13 be accountable for ensuring that long-term care
14 homes had the right -- appropriate equipment and
15 things to deal with the pandemic or certainly try
16 to help them to get it?

17 ROSANA SALVATERRA: Well, we do have
18 requirements under the Institutional Facility
19 Outbreak Management Protocol that speak about
20 assisting long-term care partners.

21 So, for example, we will assist them
22 with outbreak management. We will -- we will
23 inform them. We will work with as appropriate.
24 That's the kind of language that we have within our
25 protocol, so we don't have the primary

1 responsibility. We are there more to provide
2 guidance and support.

3 Patti, would you like to add anything
4 from your perspective?

5 PATTI FITZGERALD: No. I think you've
6 touched on our role. It is really to provide the
7 guidelines and to -- the consultation to be able to
8 manage the outbreak in a collaborative way.

9 COMMISSIONER JACK KITTS: And that
10 would include other health care providers in your
11 vicinity as well?

12 PATTI FITZGERALD: Yes.

13 COMMISSIONER JACK KITTS: Okay. Thank
14 you.

15 U/T ROSANA SALVATERRA: So are there any
16 other questions? And I wonder, have you seen --
17 have you seen this protocol, the Institutional
18 Facility Outbreak Management? Because we can link
19 it in -- to it in our submission so that you can --

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 That would be helpful. Why don't we do this:
22 We'll ask -- if you don't mind, we'll just ask
23 questions as we go along, and so if we interrupt,
24 that -- hopefully, that will be okay, and that way,
25 you won't have to be concerned with whether we're

1 following or whether we want to ask questions.
2 We'll just ask them, and is that all right?

3 ROSANA SALVATERRA: That's okay. I was
4 going to give an overview of our experience in
5 Wave 1, but if you would prefer to do it with
6 questions --

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 No. No. No. What I meant was that if you say
9 something and it prompts a question, then we'll
10 just ask it.

11 ROSANA SALVATERRA: Okay.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 So please -- don't let me take you out of the -- of
14 the order of what you were planning to do.

15 ROSANA SALVATERRA: Okay. So I'd like
16 to talk about our -- before I speak about our
17 Wave 1 experience, I'd like to describe so you have
18 a sense of what were our resources. We are a small
19 Public Health agency. We have about 125 full-time
20 staff serving a population of about 140,000.

21 On the team that was part of the Wave 1
22 response, you -- we had -- we were the medical
23 officer of health, myself; Patti Fitzgerald, the
24 manager. We had two full-time health promoters
25 working dedicated to the long-term care home

1 community. And these health promoters facilitated
2 a community of practice that we established and
3 strengthened.

4 I mean, we've always worked
5 collaboratively with the long-term care sector, but
6 we strengthened it and really created a community
7 of practice early on in the pandemic, and these two
8 health promoters staffed that community of practice
9 and were the -- they were really the lead contacts
10 for us outside of outbreak management.

11 We also had a .4, so not quite half
12 time, but .4 of a Public Health inspector who did
13 the onsite IPAC assessments, and we used the IPAC
14 checklist that was provided by Public Health
15 Ontario. And so our inspector was able to provide
16 that support to our long-term care partners.

17 And we had a .4. So, again, not quite
18 half -- a .4 of a full-time nurse, Public Health
19 nurse who was engaged with case and contact
20 management and outbreak management and control with
21 our long-term care partners. And behind the scenes
22 supporting that team, we relied very heavily on the
23 support of Public Health Ontario.

24 So you probably know that Public Health
25 Ontario has regional IPAC teams, and they also have

1 a centralized -- an online support to provide us
2 with consultation and inquiry response, education
3 and training supports, online modules, and best
4 practice guidance; so these -- we could not have
5 done our work without the support of Public Health
6 Ontario.

7 And we are a good-news story in that we
8 had, within that first wave, we had 17 long-term
9 care cases, and I believe we had eight --

10 Patti, eight outbreaks?

11 We had eight long-term care outbreaks.

12 PATTI FITZGERALD: Yes. Sorry. It's
13 actually we had seven total outbreaks but only
14 three were in long-term care homes. The others
15 were retirement and the congregate care, one of the
16 congregate care settings.

17 ROSANA SALVATERRA: Thank you. I
18 counted the rows incorrectly, so seven total; three
19 were in long-term care homes. The others were in
20 retirement homes and congregate settings. But the
21 majority of our outbreaks had only one case. And
22 we had, I think -- and we had one possible -- or
23 possible death related to our long-term care
24 settings. And I -- and I'm calling it possible.
25 It did -- the coroner did include it, and we count

1 it. So on record, we have one death.

2 However, in reviewing the information
3 with that facility, we certainly felt that there
4 was some question as to whether COVID -- how much
5 of a contributing factor COVID was for that death.

6 So we -- so we, in fact, experienced
7 quite a positive Wave 1 in that we had a minimal
8 number of outbreaks and, certainly, very -- no
9 hospitalizations and only one death.

10 COMMISSIONER JACK KITTS: Can I just
11 ask a question on that? So you had three outbreaks
12 in three different homes. Was it one case in
13 each -- in each case, in each home?

14 ROSANA SALVATERRA: Patti.

15 PATTI FITZGERALD: Yeah, so one of the
16 homes had 14 cases, and the other two just had 1.

17 COMMISSIONER JACK KITTS: Okay.

18 PATTI FITZGERALD: And in those, one
19 was a staff, and the other one was a resident.

20 COMMISSIONER JACK KITTS: Is there
21 any -- okay. So one staff, one resident, and so
22 any secrets to share with us as to how you
23 contained those outbreaks from getting to the
24 extent that some are vis-à-vis -- I don't know --
25 physical structure, space to isolate, anything you

1 can help us with that showed good practices kept
2 the outbreak from spreading?

3 ROSANA SALVATERRA: Well, we can --
4 maybe, I'll start, Patti, by saying that when we
5 did our first risk assessment in April -- so April
6 14, we carried out our risk assessment and actually
7 found that many if -- not all, but many of our
8 facilities were low risk, and we had a few that
9 were yellow or moderate.

10 But we had only one facility that we
11 characterized as a high-risk facility. It did
12 have -- it was -- had C-beds in it.

13 But, maybe, Patti, can you please
14 elaborate on what we found when we did our risk
15 assessment?

16 PATTI FITZGERALD: Yes, and actually,
17 the home you're referring to, Rosana, that was the
18 one red long-term care home was the one with the
19 one resident case. They did just an incredible
20 job. We worked very, very closely with that home
21 in particular because previous -- our previous
22 experience with outbreaks with them in the past,
23 like respiratory outbreaks, those tended to go on a
24 long time. And the staff that worked with that
25 facility, we knew that history, and so there was

1 even more support provided, and the home did an
2 incredible job.

3 ROSANA SALVATERRA: And by May 20th
4 when we did our second risk assessment, all of
5 our -- all of our long-term care homes were low
6 risk, so they were all able to make improvements
7 and meet the criteria for low risk.

8 COMMISSIONER JACK KITTS: So
9 Public Health working directly with the long-term
10 care homes mitigated the spread and prevented
11 further.

12 Did you involve any other partners like
13 hospitals or anything in helping?

14 PATTI FITZGERALD: Yes. I was going to
15 come back to one of Dr. Salvaterra's comments about
16 the IPAC support because early on, our local
17 hospital actually dispatched their IPAC team. They
18 called facilities directly and asked to come in and
19 provide some -- an IPAC audit and additional IPAC
20 support. And then our Public Health inspectors did
21 a few of them as well, as well as our retirement
22 homes, but in that particular situation, I know
23 that the hospital did get in there very quickly as
24 well. So that, I'm sure, was a factor.

25 COMMISSIONER JACK KITTS: Thank you.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Can I just ask, when did you start -- first start
3 to think that the long-term care homes might be at
4 risk from COVID? Can you figure --

5 ROSANA SALVATERRA: Oh, that was right
6 from the start. I mean, when we -- we held our
7 first community meeting with community partners --
8 so -- in January.

9 PATTI FITZGERALD: M-hm.

10 ROSANA SALVATERRA: And we held weekly
11 teleconferences and brought as a way to ensure that
12 everyone was -- had the information that they
13 needed, were able to review their pandemic plans,
14 their continuity contingency plans.

15 So that work began in January, and we
16 anticipated that the sector would be vulnerable
17 given what we were seeing from internationally and
18 the fact that people over the age of 70 were
19 experiencing higher-case fatality rates, greater
20 levels of morbidity. We identified that this
21 sector, both the institutionalised but also the
22 community independent older adults were going to be
23 more vulnerable, and we flagged that for our
24 community.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 So in January, when you -- it occurs to you that
2 you might have a problem down the road, what was
3 the first thing -- like, how did you go about
4 dealing with it? Like, can you give me a sense of
5 what the first steps were to --

6 ROSANA SALVATERRA: Patti, can you
7 recall?

8 PATTI FITZGERALD: Yes, I do. I have
9 it written down here. Actually, the first thing we
10 did was collected all the information for all the
11 different homes not just -- I mean, we already had
12 information for our long-term care and retirement
13 homes, but the other community partners that Dr.
14 Salvaterra is referring to, other community
15 agencies that support seniors as well.

16 But then we brought that whole sector
17 together for the first time in a teleconference on
18 March the 23rd, and then following two days later
19 on March 25th was the first meeting of a community
20 of practice specific to the settings that we're
21 talking about today, and those continued on a
22 weekly basis for ten weeks, and they were
23 facilitated by our two liaison staff that
24 Dr. Salvaterra referred to earlier, and we also had
25 Public Health inspector and a nurse from the

1 infectious disease program would attend as well and
2 answer questions but also talk about challenges,
3 concerns, and reviewing directives, Ministry
4 documents, so that was a really important part of
5 our success.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 And when was the first case approximately?

8 ROSANA SALVATERRA: It was at St.
9 Joseph (phonetic). Was that March? March --

10 PATTI FITZGERALD: March 21st, yeah.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Right.

13 U/T PATTI FITZGERALD: That's what I'm
14 saying, yeah, but I think they actually -- I can
15 confirm that because I think they were having
16 another respiratory outbreak at the same time.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Yeah.

19 PATTI FITZGERALD: But it was -- I
20 mean, these meetings were planned about a week
21 before our first case, though.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 M-hm.

24 PATTI FITZGERALD: So, yeah.

25 COMMISSIONER JACK KITTS: It sounds

1 like your community of practice had a pretty
2 important role. Can you tell me what that is and
3 whether -- because we've heard it in other
4 presentations, and some flip between a community of
5 practice and an Ontario Health team.

6 Can you tell me what your community
7 practice is and whether it's related to an Ontario
8 Health team?

9 PATTI FITZGERALD: Oh, it's not
10 related. It's our local community of practice that
11 was just attended by our Public Health staff, and
12 then all of either administrators or DOCs from all
13 our local long-term care homes, retirement homes,
14 and the congregate settings, and then our own
15 staff.

16 COMMISSIONER JACK KITTS: Okay.

17 ROSANA SALVATERRA: Yes. So this is
18 work that we facilitate with the long-term care
19 sector. In addition to that community of practice,
20 we did -- for example, I had weekly meetings with
21 our C5 cluster. So Ontario Health, it has a
22 cluster of five hospitals in -- so Peterborough
23 Regional Health Centre is the lead. There are four
24 feeder hospitals spread over two Public Health
25 units, Peterborough Public Health and Haliburton,

1 Kawartha, Pine Ridge.

2 And so Peterborough Regional Health
3 Centre facilitated a weekly teleconference with the
4 leads of long-term care, the medical leads, so the
5 physicians; the Central East LHIN which was home
6 care; and then the two medical officers of health.

7 And so we also met, but that was at a
8 very high level, and there, you know, we dealt with
9 things like admissions, barriers to admissions,
10 PPE, you know, the macro-level kinds of things;
11 whereas Patti and her team were on the ground
12 dealing with the day-to-day -- like, the
13 interpretations of the directives.

14 And because -- and I'm sure you've
15 heard of this in other consultations, there was
16 very little or no lead time from the actual release
17 of a provincial directive, and -- and the
18 expectation that it would be implemented. And we
19 were often trying to interpret with our partners
20 what it meant. And so that community of practice
21 was where those conversations were occurring.

22 Correct, Patti?

23 PATTI FITZGERALD: Absolutely. And I
24 also want to mention, and it is in the information
25 we're sharing, is I participated in a twice weekly

1 half-hour teleconference with Central East partners
2 where it was facilitated by the Ontario Health, and
3 then it also had hospital representation and
4 Public Health Unit representation at the manager
5 level or director level which was very helpful.

6 COMMISSIONER JACK KITTS: Thank you.

7 ROSANA SALVATERRA: I was just going to
8 say that, as part of their work, our staff
9 created -- our staff held a bit of an evaluation of
10 the community of practice and the long-term sector
11 experience with COVID-19. And they have -- they
12 did prepare a lessons-learned report that was
13 provided to our long-term care partners in August.

14 And in September, we had an abridged
15 version of that report. We shared that with our --
16 with administrators of local congregate care
17 settings as well so that they could benefit from
18 those lessons learned.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Can we get a copy of that?

21 ROSANA SALVATERRA: Patti?

22 U/T PATTI FITZGERALD: So the original
23 lessons-learned one wasn't a public document. It
24 was shared with just the stakeholders that
25 participated. But -- and because there are -- you

1 know, facilities are named in there, but I could --
2 I'd be happy to share the abridged version with all
3 the learnings.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Well, the abridged version would certainly be a
6 good start, so --

7 U/T PATTI FITZGERALD: Okay.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 So thank you for that.

10 ROSANA SALVATERRA: So if we were to --
11 if Patti and I were to characterize our
12 observations of the work with our facilities during
13 that first wave, we found that there was a rapid
14 response from our facilities that they demonstrated
15 timely compliance with provincial directives and
16 instruction from local -- the local Public Health
17 agency. They were extremely collaborative, and I
18 think that contributed to the success, the local
19 success and that we experienced here in
20 Peterborough with -- really, with minimizing the
21 impact of COVID in these homes.

22 PATTI FITZGERALD: I just want to
23 comment too. I think a big piece of that is our --
24 we had a -- historically, we've had a very, very
25 strong working relationship locally with the

1 long-term care homes, retirement homes, and the
2 congregate settings; so there was already that
3 relationship and trust, so it was -- it was an easy
4 transition.

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 So it would seem, then, that in terms of long-term
7 preparedness, establishing these relationships in
8 peace time is -- is extremely -- you know, an
9 extremely important step.

10 PATTI FITZGERALD: Oh, definitely.

11 ROSANA SALVATERRA: Definitely. Those
12 relationships work very well for you in -- in
13 non-peace times, and I think as an -- as an example
14 of that, we actually volunteered to go in and do
15 surveillance. So when the province was considering
16 whether or not there should be testing, widespread
17 testing in these facilities to identify
18 asymptomatic infected staff and residents, we
19 actually volunteered to go in and do that
20 surveillance to see what we could find, so we were
21 able to -- because, again, of our strong
22 relationships. I think we made the decision on a
23 Thursday --

24 PATTI FITZGERALD: M-hm.

25 ROSANA SALVATERRA -- and we were in on

1 Saturday.

2 PATTI FITZGERALD: Yes.

3 ROSANA SALVATERRA: We were into our
4 long-term care settings with our paramedics, and we
5 went in and did -- we did all of our long-term care
6 homes and our retirement homes. We did a one-pass
7 through and did all the staff and all the
8 residents.

9 And actually, we -- the results were
10 very encouraging.

11 Maybe, Patti, you can share what we
12 found when we did that surveillance.

13 PATTI FITZGERALD: Yeah, one -- one
14 staff in a retirement home, asymptomatic, who we
15 believe was a previous positive, yeah.

16 ROSANA SALVATERRA: So -- and that
17 certainly gave us confidence that we weren't --
18 there wasn't transmission occurring, that the
19 Public Health measures and the IPAC measures were
20 working, and so -- and we all -- and so it
21 wasn't -- it was not our experience when this was
22 then mandated by the Province. It was not our
23 experience that there was much value for us in
24 doing this kind of routine surveillance of staff
25 that continues now.

1 COMMISSIONER JACK KITTS: Just a
2 question. So if, you know, it's widely reported,
3 and we've heard many times here that, you know,
4 insufficient staffing, lack of ability to comply
5 with IPAC measures, insufficient PPE supplies and
6 training, and inadequate testing capacity, those
7 are -- those are four things that have been brought
8 to our attention.

9 Can you just comment on where you were
10 in terms of each of those four contributing
11 factors?

12 ROSANA SALVATERRA: Patti, I'm going to
13 turn to you.

14 PATTI FITZGERALD: Yeah. So the PPE
15 piece, we didn't -- we don't have the ability to
16 directly supply, but we certainly supported and
17 helped them problem solve through their PPE needs
18 until it was -- there was an established way for
19 long-term care homes and retirement homes to
20 acquire what was needed.

21 As far as testing capacity, within the
22 homes, another thing we did do is we helped to
23 facilitate some training for a couple retirement
24 homes that didn't have staff that had been trained
25 to do nasopharyngeal swabs, so we helped to

1 facilitate that to just create additional capacity
2 within those homes.

3 Staffing, we did hear that there were
4 staffing challenges at times, but not that it
5 was -- never that it was a dire -- they were in
6 dire straits.

7 We do have a couple homes locally that
8 have sister homes. They're owned by the same
9 corporations, and they had -- they got together and
10 did some problem solving around that.

11 And I'm sorry, I forget what the first
12 one was.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 PPE, testing, capacity --

15 PATTI FITZGERALD: Yeah, PPE and
16 testing.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 -- staffing.

19 COMMISSIONER JACK KITTS: IPAC
20 compliance.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 IPAC.

23 PATTI FITZGERALD: So the IPAC was --
24 that's where between the hospital and ourselves and
25 then our inspectors that support the homes already,

1 we just provided information, training videos,
2 mostly from Public Health Ontario. But those were
3 some of the needs that were identified at our
4 community of practice, and then we were able to
5 problem solve with them, provide resources. But
6 once --

7 ROSANA SALVATERRA: Sorry. Go ahead.

8 PATTI FITZGERALD: Well, I was just
9 going to say, one really positive experience we had
10 with a local long-term care home is they have a
11 designated IPAC contact.

12 Now, I don't know her formal education
13 or training in relation to IPAC, but she is their
14 IPAC point person, and even with regular types of
15 outbreaks, they are just -- they are the gold
16 standard, and I really think that's what this
17 sector needs is to have -- you know, I know there's
18 some spoke-and-wheel design.

19 ROSANA SALVATERRA: Hub-and-spoke.

20 PATTI FITZGERALD: Hub-and-spoke -- I'm
21 thinking about riding a bike. And I don't know --

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 I'm just -- I'm just a sort of simple person. I
24 need somebody to explain it beyond the -- beyond
25 the metaphor.

1 PATTI FITZGERALD: Please don't put
2 that in the notes, okay? Anyway, but I know that
3 there are some of those things that are being put
4 in place right now which is great for outreach, by
5 I really think the investment needs to be made in
6 house so that training is ongoing because --

7 ROSANA SALVATERRA: Yeah. Ongoing and
8 onsite, right?

9 PATTI FITZGERALD: -- you know --
10 absolutely. Yes.

11 ROSANA SALVATERRA: And if I can just
12 build on what Patti is saying because we have two
13 recommendations for you, and that is one of our
14 recommendations is that the facilities would
15 benefit from an embedded or dedicated infection,
16 prevention, and control specialist who could
17 oversee their use of personal protective equipment,
18 the training of staff, ensuring compliance within
19 the home, and also act as the point person for
20 outbreak management.

21 And our second recommendation is linked
22 in that we certainly -- our experience was that
23 Public Health Ontario should be supported in its
24 current role as scientific and technical support
25 and so that they can continue to provide

1 setting-specific recommendations because the
2 difference between long-term care and hospital --
3 and not to -- not to disparage our hospital
4 partners because I -- we benefitted from our
5 hospitals' input as well, but these settings are
6 people's homes. They're not -- they're not just an
7 institution. They're also people's homes, and the
8 context is so important.

9 And so our advice would be -- and we
10 really found that Public Health Ontario was able to
11 address the context. They understood the context
12 and were able to provide us with resources that
13 were setting specific.

14 We would like to see those regional
15 IPAC teams at Public Health Ontario be resourced so
16 that they can provide onsite support. So if we
17 can't have the dedicated embedded IPAC professional
18 in the home, maybe the home's too small, then have
19 it at the regional level within the Public Health
20 Ontario IPAC team. They have to be able to send
21 somebody there. It's not enough to provide a
22 directive. They need somebody who can understand
23 the operations and meet staff and the residents and
24 work with them to implement it.

25 We don't have those resources. We

1 certainly understand. I think Patti has a good
2 sense of when they're needed, and -- but that's --
3 they need that support right on the front lines.

4 Would you agree, Patti?

5 PATTI FITZGERALD: Yes, absolutely.

6 COMMISSIONER JACK KITTS: Could that
7 support, though, come from the hub-and-spoke where
8 the professional-trained infectious diseases
9 specialist who's in the larger hospitals reach out
10 and so every so often, they meet; they get
11 refreshed; there's a -- one line right to them, and
12 you suddenly have someone in there who is not a
13 fully trained infectious diseases specialist but is
14 linked to one and can get more support if they need
15 but is actually probably, you know, on site. I
16 agree with our notion of onsite as opposed to from
17 afar. Would that work?

18 ROSANA SALVATERRA: My understanding is
19 that not all of the hub-and-spokes are hospital
20 led. My understanding is that in the North, it's
21 Public Health is engaged with the hub.

22 COMMISSIONER JACK KITTS: Yes.

23 ROSANA SALVATERRA: And I'm thinking
24 whoever it is needs to be ensured that the IPAC
25 expertise understands the long-term care setting.

1 COMMISSIONER JACK KITTS: Yes.

2 ROSANA SALVATERRA: And whether it's
3 Public Health or it's the hospital, the actual
4 support needs to have expertise in the context.

5 COMMISSIONER JACK KITTS: Yeah. Yes.
6 I agree that's the spoke.

7 ROSANA SALVATERRA: Yeah.

8 COMMISSIONER JACK KITTS: Yeah.

9 ROSANA SALVATERRA: I mean, going back,
10 looking back at our experience, besides the low
11 incidence of cases, we also had a low number of
12 complaints from families, and the complaints were
13 very much about the restrictions in visiting. And
14 so -- and again, you know, understanding the
15 context when imposing infection prevention control
16 measures is really important.

17 We had a low number of complaints from
18 staff of long-term care homes, and those focused on
19 the use of PPE, and -- and generally, the -- I
20 think this is not just specific to Peterborough but
21 the concerns of staff about what was the
22 appropriate PPE and were N95 masks needed given
23 their risk. And I know that that conversation has
24 broader implications, but we certainly heard here
25 that was reflected locally.

1 And then in addition, besides dealing
2 with COVID, we were in there supporting them with
3 their -- you know, their food premise. They
4 operate -- they're feeding people; and so their --
5 their other infection prevention control issues,
6 their water, I mean, those that are not on
7 municipal water and municipal water and sanitation
8 have their own small drinking-water systems, and we
9 support them with those as well, so the setting is
10 unique, and understanding that setting and
11 supporting it, I think, is paramount.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Did you -- we've heard a lot about absenteeism at
14 critical moments because -- from the staff, you
15 didn't -- don't seem to have experienced that quite
16 as severely or as others.

17 Do you have a sense of why or how the
18 staff were dealt with so that that kind of problem
19 didn't present itself in your unit?

20 ROSANA SALVATERRA: Well, we didn't
21 have many cases in staff, and so there wasn't a
22 need for staff to be at home and on self-isolation.
23 And I think that reflects the baseline incidence
24 rate of Peterborough during the first wave. We had
25 a very low incidence rate for COVID-19, and if you

1 map us out, and you'll see that we were just on the
2 Eastern border of the GTA.

3 In fact, because we are an hour and a
4 half from Toronto, we don't have a lot of
5 commuting, or we would have less commuting of our
6 staff from the GTA to Peterborough and from
7 Peterborough to the GTA. We've seen this in other
8 outbreaks; so, for example, in the seasonal
9 influenza, we have had years where you can see
10 outbreaks of influenza all along the 401, but
11 because we are 45 minutes from the 401, we didn't
12 get an outbreak that year. There are years where
13 we do not see the same level of seasonal influenza
14 transmission as some of our partners or our
15 neighbours who are following that 401 corridor.

16 So potentially, we had the benefit of
17 distance from high-transmission areas and fewer
18 staff who were moving back and forth. But as far
19 as staff absenteeism in general, I don't know.

20 Patti, do you have anything to add to
21 that?

22 PATTI FITZGERALD: No. That was never
23 brought up as a concern in the community of
24 practice, you know, because I am aware, too, that
25 in other communities, some people just didn't want

1 to come to work out of fear, and -- for example,
2 and that wasn't something that I heard locally.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 And why do you -- why do you think you didn't hear
5 it locally?

6 PATTI FITZGERALD: I don't know that I
7 can answer that.

8 COMMISSIONER FRANK MARROCCO (CHAIR):
9 Okay. Okay.

10 COMMISSIONER JACK KITTS: Can I take a
11 stab at it? It's --

12 PATTI FITZGERALD: Sure.

13 COMMISSIONER JACK KITTS: So you
14 talked -- you talked about leadership, and you as a
15 Public Health officer provided the leadership for
16 this as ascribed.

17 You also talked about excellent working
18 relationships with the leaders in the long-term
19 care homes. So my thoughts are that, given the
20 scenario you had, you also had good leadership in
21 your -- each of your long-term care homes. Is that
22 a stretch? Or is that --

23 PATTI FITZGERALD: Well, yeah, I would
24 have to -- I would have to agree, yeah. They
25 really step -- I mean, a few that -- I think I

1 referred to one earlier that we were a little
2 concerned about going into COVID, and they did just
3 such an excellent job.

4 COMMISSIONER JACK KITTS: Thanks.

5 COMMISSIONER ANGELA COKE: I just
6 wanted to ask, pre-COVID, did your folks have very
7 good and robust, sort of, plans in place, you know,
8 just in terms of being ready? Nobody was prepared
9 for this, but at least they had good robust
10 outbreak plans in advance?

11 ROSANA SALVATERRA: Yes.

12 PATTI FITZGERALD: Yes.

13 ROSANA SALVATERRA: Go ahead, Patti.

14 PATTI FITZGERALD: Well, just -- yes,
15 so from our experience with the local long-term
16 care homes and retirement homes is with outbreak
17 management for the most part have been very
18 positive except, again, for that one particular
19 facility was one we were quite concerned about, and
20 even though we would work with them, it never
21 seemed to change, and so those outbreaks tended to
22 go on longer than others.

23 But we saw -- have seen a real change
24 in them, and then -- and just most recently, they
25 experienced another unknown respiratory outbreak,

1 and again, it was over very timely, and they did an
2 excellent job. That's very reassuring.

3 ROSANA SALVATERRA: Following the --
4 or, certainly, as part of our work with the H1N1
5 pandemic and then in the years following, we had a
6 very active interagency pandemic response
7 partnership. And so we have, over the years,
8 worked with all of our partners to ensure that
9 everyone had a pandemic plan that they were -- they
10 had a business continuity plan.

11 We've had -- we have held tabletop
12 exercises with partners to ensure that they are
13 aware of some of the issues that arise in a
14 pandemic and had fought their way through it.

15 So I think that has -- that work, that
16 investment over the past decade since H1N1, I think
17 did help ensure that the sector as a whole was
18 prepared as much as they could be given that this
19 is a coronavirus and not an influenza virus.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 The -- it sounds like the previous experience with
22 infectious diseases, if that's the correct term,
23 sort of cemented the planning or the notion of
24 planning and the notion of a response. And then of
25 course, there's parts of this that couldn't be

1 anticipated because we've never really seen
2 anything quite like this before.

3 ROSANA SALVATERRA: Yes, and so, for
4 example, we do annual influenza planning with our
5 long-term care sector. We have -- we hold
6 inservices for them. We monitor, and we reward
7 high rates of staff immunization. So each year,
8 we -- in fact, we're going to our Board of Health
9 next week with our report of last year's staff
10 influenza rates for all of our facilities including
11 our long-term care homes. We publish those, and
12 have, in the past, celebrated those with those
13 facilities that have been able to achieve high
14 rates of staff immunization.

15 So it's a -- I think the work, the
16 ongoing work we do with influenza and respiratory
17 outbreaks and enteric outbreaks in general did
18 provide a strong foundation for our work in COVID.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Okay. Is there any mechanism that exists now for
21 you as a local officer to communicate with other
22 local officers and say, look, this is what we're
23 doing here; it seems to be working well? Does
24 any -- or alternatively, does anybody know how to
25 deal with this? Has anybody dealt with this type

1 of problem? Any -- is there any way of
2 communicating like that?

3 ROSANA SALVATERRA: Patti, do the
4 managers have opportunities to do that?

5 PATTI FITZGERALD: Yes, like, the
6 managers that -- other ID managers from other
7 health units, absolutely. We -- especially within
8 the Central East group, we often -- not just
9 related to this sector but lots of other issues
10 were able to have those discussions as needed, but
11 they haven't been focused on long-term care.

12 ROSANA SALVATERRA: There has been
13 conversation within the council of medical officers
14 of health, so that's COMO. And you spoke with Dr.
15 Vera Etches in Ottawa. I know Vera has been
16 actively pursuing the idea of setting up, sort of,
17 issue-related working groups within COMO so that
18 there -- I personally right now, I chair the work
19 around schools, so school settings, that's the
20 work, and we have a COMO group. We meet weekly.
21 We also meet with our directors of education
22 provincially on a regular basis, every two weeks.
23 I do that work on schools. I know Vera has asked
24 that we have a group, a similar group for long-term
25 care because in the larger Public Health agencies

1 what often happens is that there may be an
2 associate medical officer of health who focuses in
3 on that sector.

4 And so within COMO, within the counsel
5 of medical officers of health, there are colleagues
6 of mine where -- whose interests or specialty
7 really resides in this sector.

8 So there has been talk of it. I don't
9 know if it's actually working or active right now,
10 but it has been acknowledged as something we might
11 get some -- that there would be benefit in doing
12 that within the council.

13 COMMISSIONER JACK KITTS: Are you --
14 you're talking about the 34 local Public Health
15 officers getting together as a COMO, and --

16 ROSANA SALVATERRA: Yes, so we have a
17 council of medical officers of health called COMO
18 for short, and it includes all of the medical
19 officers of health and the associates --

20 COMMISSIONER JACK KITTS: Okay.

21 ROSANA SALVATERRA: -- who are employed
22 by boards of health, local boards of health.

23 COMMISSIONER JACK KITTS: Okay.

24 ROSANA SALVATERRA: And we are a part
25 of the Provincial Association of Local Boards of

1 Health call ALPHA.

2 COMMISSIONER JACK KITTS: Right.

3 ROSANA SALVATERRA: So ALPHA and COMO
4 are, sort of, the two major sectors in that ALPHA
5 represents boards of health, and COMO represents
6 the medical officers of health.

7 COMMISSIONER JACK KITTS: And does the
8 Chief Medical Officer of Health for the Province,
9 is he currently part of that COMO?

10 ROSANA SALVATERRA: He speaks with us,
11 so he will attend our meetings and come -- and
12 provide us updates, but we have our own executives
13 which is made up of regional representation, and
14 our current COMO chair is Dr. Paul Roumeliotis who
15 is the medical officer of health in Eastern
16 Ontario, and that COMO executive changes each year,
17 elected, and works in close -- is closely connected
18 with the Chief Medical Officer of Health and at
19 times have had regular meetings.

20 I don't know what's happened during
21 COVID, but, certainly, there is a close
22 relationship and connection between COMO and the
23 Office of the Chief Medical Officer of Health.

24 COMMISSIONER JACK KITTS: Thank you.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. So was there something further? Did --
2 well, I don't think we have any further questions.
3 This was very, very helpful. We're trying to
4 understand places in Ontario where things worked
5 out well in addition to focusing on where things
6 did not work out so well just to give us a kind of
7 a sense of how people successfully dealt with
8 Wave 1 and whether there are lessons learned for --
9 for going forward, and this has been very helpful
10 to us. And with your permission, we may come back
11 as our thinking gets a little more focused on
12 different aspects of the mandate we have.

13 U/T ROSANA SALVATERRA: Well, you would be
14 more than welcome to come back. We will very
15 quickly wrap up our written submission and
16 include -- will include that link to our summary of
17 our lessons learned with long-term care, and we'll
18 also include the link to the protocol and get that
19 to Janet today.

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 All right. That's great. That will be really
22 helpful. So thank you very much.

23 ROSANA SALVATERRA: You're very
24 welcome.

25 PATTI FITZGERALD: Thank you.

1 ROSANA SALVATERRA: You're doing
2 important work, so thank you very much --

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Thank you.

5 ROSANA SALVATERRA: -- for being
6 engaged on such an important issue for us.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Well, nice to meet you both.

9 ROSANA SALVATERRA: Likewise.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 We'll see you again. Bye-bye.

12 ROSANA SALVATERRA: Okay.

13 COMMISSIONER ANGELA COKE: Thank you.

14 PATTI FITZGERALD: Take care. Bye-bye.

15 -- Adjourned at 10:00 a.m.

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1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;

9
10 That all remarks made at the time
11 were recorded stenographically by me and were
12 thereafter transcribed;

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
17
18 Dated this 13th day of October, 2020.

19
20 *Janet Belma*

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<u>WORD INDEX</u>				
< 1 >	a.m 1:14 4:1 46:15	alternatively 41:24	audit 19:19	Bye-bye 46:11, 14
1 6:10 7:6 14:5, 17, 21 17:7, 16 45:8	ability 29:4, 15	Angela 1:20	August 25:13	< C >
1,111 9:12	abridged 25:14 26:2, 5	4:3, 5 39:5 46:13	authority 10:25 12:2	C5 23:21
10:00 1:14 46:15	absenteeism 36:13 37:19	annual 41:4	autonomous 10:16, 20	call 44:1
11 9:13	Absolutely 24:23 32:10	anticipated 20:16 41:1	aware 37:24 40:13	Callaghan 2:9
125 14:19	accountable 12:2, 13	anybody 4:14 41:24, 25	< B >	called 19:18 43:17
13 3:9	achieve 41:13	Anyway 32:2	back 5:12 7:6	calling 16:24
13th 47:18	acknowledged 43:10	apartments 9:20	back 19:15 35:9, 10	camera 6:22
14 17:16 18:6	acquire 29:20	apologies 8:8	back 37:18 45:10, 14	capacity 29:6, 21 30:1, 14
140,000 8:25 14:20	Act 11:1, 2 12:2 32:19	appear 3:9, 14, 19	barriers 24:9	CARE 1:5 2:7, 9, 12 5:1 9:10, 13, 16, 18, 25
17 16:8	active 40:6 43:9	appointees 10:24	based 8:3	10:10 11:10, 14 12:13, 20 13:10 14:25 15:5, 16, 21 16:9, 11, 14, 15, 16, 19, 23 18:18 19:5, 10 20:3 21:12 23:13, 18 24:4, 6 25:13, 16 27:1 28:4, 5 29:19 31:10 33:2 34:25 35:18 38:19, 21 39:16 41:5, 11 42:11, 25 45:17 46:14
< 2 >	add 13:3 37:20	approaching 5:11	baseline 36:23	carried 18:6
2 7:7	addition 9:19 23:19 36:1 45:5	appropriate 12:14, 23 35:22	basis 21:22 42:22	case 15:19 16:21 17:12, 13 18:19 22:7, 21
2020 1:13 47:18	additional 19:19 30:1	April 18:5	beds 9:12, 15	cases 16:9 17:16 35:11 36:21
20th 19:3	address 33:11	areas 37:17	began 20:15	C-beds 18:12
21st 22:10	Adjoined 46:15	ascribed 38:16	believe 12:4 16:9 28:15	celebrated 41:12
22 3:9	administrators 23:12 25:16	asked 19:18 42:23	Belma 2:15 47:3, 23	cemented 40:23
23 10:2	admissions 24:9	aspects 45:12	benefit 25:17 32:15 37:16 43:11	Central 24:5 25:1 42:8
23rd 21:18	adults 9:22 20:22	assemble 5:18	benefitted 33:4	centralized 16:1
25 3:9	advance 39:10	assessment 18:5, 6, 15 19:4	best 16:3	Centre 23:23 24:3
25th 21:19	advice 33:9	assessments 15:13	better 6:14, 15	certainly 12:4, 15 17:3, 8 26:5 28:17 29:16 32:22 34:1 35:24 40:4 44:21
26 3:9	advisement 3:13	assist 12:21	big 26:23	CERTIFICATE
< 3 >	advisements 3:3, 12	assistance 3:5 7:16	bike 31:21	
3 7:8	afar 34:17	Assistant 2:6	bit 6:21 25:9	
34 43:14	afraid 6:20	assisting 12:20	board 10:16, 22 41:8	
< 4 >	age 10:3 20:18	associate 43:2	boards 10:15, 21 43:22, 25 44:5	
4 15:11, 12, 17, 18	agencies 21:15 42:25	associates 43:19	border 37:2	
4,000 9:6	agency 10:12 14:19 26:17	Association 43:25	boundaries 9:2	
401 37:10, 11, 15	agree 34:4, 16 35:6 38:24	asymptomatic 27:18 28:14	breaking 6:20, 21	
45 3:10 37:11	ahead 7:24 31:7 39:13	attend 22:1 44:11	bring 8:22	
< 5 >	Alison 2:6 7:22	attended 23:11	brings 12:1	
5 11:2	ALPHA 44:1, 3, 4	attending 1:12	broader 35:24	
< 6 >		attention 29:8	broke 7:2	
65 10:3		audio 6:20	brought 20:11 21:16 29:7 37:23	
< 7 >			build 32:12	
70 20:18			buildings 9:20	
< 9 >			business 40:10	
9:00 1:14 4:1			busyness 8:8, 16	
9th 1:13				
< A >				

<p>47:1 Certified 47:3 certify 47:4 CHAIR 4:2, 7, 10, 13, 16, 20 5:8 6:2, 23 7:1, 10, 15 8:1, 12 11:15 13:20 14:7, 12 20:1, 25 22:6, 11, 17, 22 25:19 26:4, 8 27:5 30:13, 17, 21 31:22 36:12 38:3, 8 40:20 41:19 42:18 44:14, 25 45:20 46:3, 7, 10 challenge 8:15 challenges 22:2 30:4 chance 8:15 change 39:21, 23 changes 44:16 characterize 26:11 characterized 18:11 charge 11:25 CHARTERED 47:24 checklist 15:14 Chief 44:8, 18, 23 choose 7:7 City 9:4 10:24 close 6:4 44:17, 21 closely 18:20 44:17 cluster 23:21, 22 cohesive 9:1, 7 Coke 1:20 4:4, 5 39:5 46:13 collaborative 13:8 26:17 collaboratively 15:5 colleagues 43:5 collected 21:10 come 19:15, 18 34:7 38:1 44:11 45:10, 14 comes 11:21 coming 6:12</p>	<p>commencing 4:1 commends 6:17 comment 26:23 29:9 comments 7:25 19:15 COMMISSION 1:5 2:7, 9, 12 4:11 5:12 Commissioner 1:19, 20, 21 4:2, 3, 5, 7, 8, 10, 13, 16, 20 5:8 6:2, 23 7:1, 10, 15 8:1, 12 11:15, 18, 23 12:12 13:9, 13, 20 14:7, 12 17:10, 17, 20 19:8, 25 20:1, 25 22:6, 11, 17, 22, 25 23:16 25:6, 19 26:4, 8 27:5 29:1 30:13, 17, 19, 21 31:22 34:6, 22 35:1, 5, 8 36:12 38:3, 8, 10, 13 39:4, 5 40:20 41:19 43:13, 20, 23 44:2, 7, 24, 25 45:20 46:3, 7, 10, 13 communicable 11:6 communicate 41:21 communicating 42:2 communities 9:4 37:25 community 9:8, 9 11:21 12:7 15:1, 2, 6, 8 20:7, 22, 24 21:13, 14, 19 23:1, 4, 6, 10, 19 24:20 25:10 31:4 37:23 commuting 37:5 COMO 42:14, 17, 20 43:4, 15, 17 44:3, 5, 9, 14, 16, 22</p>	<p>COMPANY 47:22 complaints 35:12, 17 compliance 26:15 30:20 32:18 comply 29:4 concern 37:23 concerned 13:25 39:2, 19 concerns 22:3 35:21 confidence 28:17 confirm 22:15 congregate 9:19 16:15, 16, 20 23:14 25:16 27:2 connected 44:17 connection 44:22 considering 27:15 consists 10:22 consultation 13:7 16:2 consultations 24:15 contact 15:19 31:11 contacts 15:9 contained 17:23 context 33:8, 11 35:4, 15 contingency 20:14 continue 32:25 continued 21:21 continues 28:25 continuity 20:14 40:10 contributed 26:18 contributing 17:5 29:10 control 15:20 32:16 35:15 36:5 conversation 35:23 42:13 conversations 10:18, 20 24:21 copy 25:20</p>	<p>coronavirus 11:20 40:19 coroner 16:25 corporations 30:9 Correct 24:22 40:22 47:15 corridor 37:15 council 42:13 43:12, 17 counsel 3:5 43:4 count 16:25 counted 16:18 County 9:2 10:23 couple 29:23 30:7 course 40:25 COVID 4:24 8:9 17:4, 5 20:4 26:21 36:2 39:2 41:18 44:21 COVID-19 1:5 25:11 36:25 create 30:1 created 5:12, 23 15:6 25:9 criteria 19:7 critical 36:14 CSR 47:3, 23 current 32:24 44:14 currently 44:9 < D > danger 11:24 Dated 47:18 Dawn 2:8, 11 day 1:13 47:18 days 21:18 day-to-day 24:12 deal 12:15 41:25 dealing 21:4 24:12 36:1 dealt 24:8 36:18 41:25 45:7 death 16:23 17:1, 5, 9 decade 40:16</p>	<p>decision 27:22 decisions 12:10 dedicated 14:25 32:15 33:17 definitely 9:23 27:10, 11 demonstrated 26:14 depth 4:25 Deputy 2:6 describe 14:17 design 31:18 designated 31:11 difference 33:2 different 17:12 21:11 45:12 dire 30:5, 6 directive 24:17 33:22 directives 22:3 24:13 26:15 directly 19:9, 18 29:16 Director 2:11 25:5 directors 42:21 discussions 42:10 Disease 2:1 11:5, 6 22:1 diseases 4:23 12:5 34:8, 13 40:22 disparage 33:3 dispatched 19:17 distance 37:17 divided 9:17 DOCs 23:12 document 25:23 documents 5:18 22:4 doing 28:24 41:23 43:11 46:1 drinking-water 36:8 Drummond 2:6 Durham 10:17 < E > earlier 8:10 21:24 39:1</p>
---	---	--	--	---

<p>early 6:6 15:7 19:16 ears 5:5 East 24:5 25:1 42:8 Eastern 37:2 44:15 easy 27:3 education 16:2 31:12 42:21 efforts 12:7 elaborate 18:14 elected 10:22 44:17 email 8:6 embedded 32:15 33:17 employed 43:21 encouraging 28:10 engaged 15:19 34:21 46:6 ensure 8:17 12:8 20:11 40:8, 12, 17 ensured 34:24 ensuring 12:13 32:18 enteric 41:17 equipment 12:14 32:17 especially 11:7 42:7 established 15:2 29:18 establishing 27:7 Etches 42:15 evaluation 25:9 evenly 9:17 everybody 11:24 12:1 example 12:21 23:20 27:13 37:8 38:1 41:4 excellent 38:17 39:3 40:2 executive 44:16 executives 44:12 exercises 40:12 exists 41:20 expectation 24:18</p>	<p>experience 4:25 14:4, 17 18:22 25:11 28:21, 23 31:9 32:22 35:10 39:15 40:21 experienced 17:6 26:19 36:15 39:25 experiencing 20:19 expertise 34:25 35:4 explain 5:13 31:24 extended 6:9 extent 17:24 extremely 26:17 27:8, 9 eyes 5:5</p> <p>< F > facilitate 23:18 29:23 30:1 facilitated 15:1 21:23 24:3 25:2 facilities 10:1 18:8 19:18 26:1, 12, 14 27:17 32:14 41:10, 13 Facility 11:8 12:18 13:18 17:3 18:10, 11, 25 39:19 fact 17:6 20:18 37:3 41:8 factor 17:5 19:24 factors 29:11 families 35:12 fatality 20:19 fear 38:1 feeder 23:24 feeding 36:4 feel 6:3 felt 17:3 fewer 37:17 figure 5:18 20:4 find 7:4 27:20 fine 8:13 Fitzgerald 2:1 4:19, 21 13:5, 12 14:23 16:12 17:15, 18 18:16</p>	<p>19:14 20:9 21:8 22:10, 13, 19, 24 23:9 24:23 25:22 26:7, 22 27:10, 24 28:2, 13 29:14 30:15, 23 31:8, 20 32:1, 9 34:5 37:22 38:6, 12, 23 39:12, 14 42:5 45:25 46:14 flagged 20:23 flip 23:4 focus 6:6 7:3 focused 35:18 42:11 45:11 focuses 43:2 focusing 45:5 folks 39:6 follow 9:2 following 3:3, 9, 14, 19 14:1 21:18 37:15 40:3, 5 food 36:3 foregoing 47:6, 14 forget 30:11 formal 31:12 forth 37:18 47:8 forward 6:7, 15 45:9 fought 40:14 found 18:7, 14 26:13 28:12 33:10 foundation 41:18 Frank 1:19 4:2, 7, 10, 13, 16, 20 5:8 6:2, 23 7:1, 10, 15 8:1, 12 11:15 13:20 14:7, 12 20:1, 25 22:6, 11, 17, 22 25:19 26:4, 8 27:5 30:13, 17, 21 31:22 36:12 38:3, 8 40:20 41:19 44:25 45:20 46:3, 7, 10 front 34:3</p>	<p>full-time 14:19, 24 15:18 fully 34:13</p> <p>< G > general 37:19 41:17 generally 35:19 geographic 9:1, 5 give 5:9 7:16 14:4 21:4 45:6 given 4:24 20:17 35:22 38:19 40:18 gold 31:15 Good 4:5 10:14 18:1 26:6 34:1 38:20 39:7, 9 good-news 16:7 government 6:14 governs 11:9 great 32:4 45:21 greater 20:19 ground 24:11 group 42:8, 20, 24 groups 42:17 GTA 37:2, 6, 7 guidance 13:2 16:4 guide 3:4 guidelines 13:7</p> <p>< H > H1N1 40:4, 16 half 15:11, 18 37:4 half-hour 25:1 Haliburton 23:25 happened 5:13, 14 6:10 44:20 happens 43:1 happy 7:19 26:2 Health 1:24, 25 2:2 5:6 8:23, 24 10:12, 15, 17, 21 11:1, 3, 13 12:5, 6, 8 13:10 14:19, 23, 24 15:1, 8, 12, 14,</p>	<p>18, 23, 24 16:5 19:9, 20 21:25 23:5, 8, 11, 21, 23, 24, 25 24:2, 6 25:2, 4 26:16 28:19 31:2 32:23 33:10, 15, 19 34:21 35:3 38:15 41:8 42:7, 14, 25 43:2, 5, 14, 17, 19, 22 44:1, 5, 6, 8, 15, 18, 23 hear 6:24 30:3 38:4 heard 23:3 24:15 29:3 35:24 36:13 38:2 hearings 5:16, 19 heavily 15:22 Held 1:12 12:1 20:6, 10 25:9 40:11 Hello 4:9, 21 help 12:16 18:1 40:17 helped 29:17, 22, 25 helpful 5:3 13:21 25:5 45:3, 9, 22 helping 19:13 helps 5:2 6:22 high 24:8 41:7, 13 higher-case 20:19 high-level 5:3 high-risk 18:11 high- transmission 37:17 historically 26:24 history 18:25 hold 41:5 holding 5:16 home 10:1, 8, 9, 10 14:25 17:13 18:17, 18, 20 19:1 24:5 28:14 31:10</p>
---	---	---	---	---

<p>32:19 33:18 36:22 homes 9:10, 13, 14, 18, 21, 22 10:7 12:14 16:14, 19, 20 17:12, 16 19:5, 10, 22 20:3 21:11, 13 23:13 26:21 27:1 28:6 29:19, 22, 24 30:2, 7, 8, 25 33:6, 7 35:18 38:19, 21 39:16 41:11 home's 33:18 Honourable 1:19 hopefully 13:24 hospital 19:17, 23 25:3 30:24 33:2, 3 34:19 35:3 hospitalizations 17:9 hospitals 19:13 23:22, 24 33:5 34:9 hour 37:3 house 32:6 hub 34:21 Hub-and-spoke 31:19, 20 34:7 hub-and-spokes 34:19</p> <p>< I > ID 42:6 idea 5:10 42:16 identified 20:20 31:3 identify 27:17 immunization 41:7, 14 impact 26:21 implement 33:24 implemented 24:18 implications 35:24 important 22:4 23:2 27:9 33:8 35:16 46:2, 6 imposing 35:15 improvements</p>	<p>19:6 inadequate 29:6 incidence 35:11 36:23, 25 include 13:10 16:25 45:16, 18 includes 43:18 including 41:10 incorrectly 16:18 incredible 18:19 19:2 independence 9:23 independent 10:16 20:22 INDEX 3:7, 12, 17 infected 27:18 infection 32:15 35:15 36:5 Infectious 2:1 4:23 11:5 22:1 34:8, 13 40:22 influenza 37:9, 10, 13 40:19 41:4, 10, 16 inform 12:23 information 12:10 17:2 20:12 21:10, 12 24:24 31:1 infrastructure 9:25 input 33:5 inquiry 6:4 16:2 inservices 41:6 inspector 15:12, 15 21:25 inspectors 19:20 30:25 institution 33:7 Institutional 11:8 12:18 13:17 institutionalised 20:21 instruction 26:16 insufficient 29:4, 5 intelligent 7:4 interagency 40:6</p>	<p>interested 6:12 interests 43:6 internationally 20:17 interpret 24:19 interpretations 24:13 interrupt 13:23 investigating 5:16 investment 32:5 40:16 invited 7:19 involve 19:12 IPAC 15:13, 25 19:16, 17, 19 28:19 29:5 30:19, 22, 23 31:11, 13, 14 33:15, 17, 20 34:24 isolate 17:25 issue 46:6 issue-related 42:17 issues 36:5 40:13 42:9</p> <p>< J > Jack 1:21 4:8 11:18, 23 12:12 13:9, 13 17:10, 17, 20 19:8, 25 22:25 23:16 25:6 29:1 30:19 34:6, 22 35:1, 5, 8 38:10, 13 39:4 43:13, 20, 23 44:2, 7, 24 Janet 2:15 45:19 47:3, 23 Janet's 8:6 January 20:8, 15 21:1 job 18:20 19:2 39:3 40:2 John 2:9 Joseph 22:9</p> <p>< K > Kawartha 24:1 kept 18:1 kilometers 9:6, 7</p>	<p>kind 7:12 12:24 28:24 36:18 45:6 kinds 24:10 Kitts 1:21 4:8 11:17, 18, 23 12:12 13:9, 13 17:10, 17, 20 19:8, 25 22:25 23:16 25:6 29:1 30:19 34:6, 22 35:1, 5, 8 38:10, 13 39:4 43:13, 20, 23 44:2, 7, 24 knew 18:25</p> <p>< L > lack 29:4 lake 10:7, 8 language 12:24 large 10:6 larger 34:9 42:25 Lead 1:19 15:9 23:23 24:16 leader 11:25 leaders 38:18 leadership 11:19 38:14, 15, 20 leading 12:7 leads 24:4 learned 25:18 45:8, 17 learnings 26:3 led 34:20 legislative 10:25 11:20 lend 6:16 lens 8:21 lessons 25:18 45:8, 17 lessons-learned 25:12, 23 level 24:8 25:5 33:19 37:13 levels 20:20 LHIN 24:5 liaison 21:23 Likewise 46:9 limited 8:19 lines 34:3 link 13:18 45:16, 18</p>	<p>linked 32:21 34:14 local 10:14 12:6 19:16 23:10, 13 25:16 26:16, 18 31:10 39:15 41:21, 22 43:14, 22, 25 locally 26:25 30:7 35:25 38:2, 5 long 18:24 longer 39:22 LONG-TERM 1:5 2:7, 9, 11 5:1 9:10, 13, 16, 17, 25 10:10 11:10, 14 12:13, 20 14:25 15:5, 16, 21 16:8, 11, 14, 19, 23 18:18 19:5, 9 20:3 21:12 23:13, 18 24:4 25:10, 13 27:1, 6 28:4, 5 29:19 31:10 33:2 34:25 35:18 38:18, 21 39:15 41:5, 11 42:11, 24 45:17 long-winded 6:18 looking 5:12 7:6 35:10 lot 36:13 37:4 lots 42:9 low 18:8 19:5, 7 35:10, 11, 17 36:25 luxury 6:8 7:6</p> <p>< M > macro-level 24:10 made 27:22 32:5 44:13 47:10 Mahoney 2:8 major 44:4 majority 16:21 manage 13:8 Management 11:9 12:19, 22 13:18 15:10, 20 32:20 39:17</p>
--	--	---	---	--

<p>Manager 2:1 4:22, 24 14:24 25:4 managers 42:4, 6 mandate 11:1 45:12 mandated 28:22 map 37:1 March 21:18, 19 22:9, 10 Marrocco 1:19 4:2, 7, 10, 13, 16, 20 5:8 6:2, 23 7:1, 10, 15 8:1, 12 11:15 13:20 14:7, 12 20:1, 25 22:6, 11, 17, 22 25:19 26:4, 8 27:5 30:13, 17, 21 31:22 36:12 38:3, 8 40:20 41:19 44:25 45:20 46:3, 7, 10 masks 35:22 math 9:11 meant 3:4 14:8 24:20 measures 12:8 28:19 29:5 35:16 mechanism 41:20 Medical 1:24 12:6 14:22 24:4, 6 42:13 43:2, 5, 17, 18 44:6, 8, 15, 18, 23 meet 4:3 19:7 33:23 34:10 42:20, 21 46:8 MEETING 1:5 20:7 21:19 meetings 22:20 23:20 44:11, 19 mend 5:2 mention 24:24 met 24:7 metaphor 31:25 M-hm 6:1 7:9, 14 11:22 20:9 22:23 27:24 middle 5:24</p>	<p>midst 8:16 mind 13:22 mine 43:6 minimal 17:7 minimizing 26:20 Minister 2:6 6:8, 14 7:5 Ministry 22:3 minutes 37:11 mitigated 19:10 moderate 18:9 modules 16:3 MOHs 10:19 moment 11:12 moments 36:14 monitor 41:6 morbidity 20:20 morning 4:6 7:20 moving 37:18 municipal 36:7</p> <p>< N > N95 35:22 named 26:1 nasopharyngeal 29:25 Nations 9:5 10:23 naturally 6:12 needed 20:13 29:20 34:2 35:22 42:10 needs 29:17 31:3, 17 32:5 34:24 35:4 NEESONS 47:22 neighbours 37:15 nice 46:8 non-peace 27:13 North 34:20 noted 3:8, 14, 18 notes 32:2 47:15 notion 34:16 40:23, 24 number 9:15 17:8 35:11, 17 numbers 9:12 nurse 15:18, 19 21:25</p> <p>< O ></p>	<p>observations 26:12 occurring 24:21 28:18 occurs 21:1 October 1:13 47:18 Office 44:23 Officer 1:24 12:6 14:23 38:15 41:21 43:2 44:8, 15, 18, 23 officers 24:6 41:22 42:13 43:5, 15, 17, 19 44:6 older 9:22 10:5 20:22 one-pass 28:6 ongoing 32:6, 7 41:16 online 16:1, 3 onsite 15:13 32:8 33:16 34:16 Ontario 11:3 15:15, 23, 25 16:6 23:5, 7, 21 25:2 31:2 32:23 33:10, 15, 20 44:16 45:4 on-the-ground 5:4 operate 10:25 36:4 Operations 2:11 33:23 opportunities 42:4 opportunity 7:22 opposed 34:16 order 7:5 14:14 oriented 7:23 original 25:22 Ottawa 10:18 42:15 Outbreak 11:9 12:19, 22 13:8, 18 15:10, 20 18:2 22:16 32:20 37:12 39:10, 16, 25 outbreaks 5:2 16:10, 11, 13, 21</p>	<p>17:8, 11, 23 18:22, 23 31:15 37:8, 10 39:21 41:17 outreach 32:4 outside 15:10 oversee 32:17 overview 14:4 owned 30:8</p> <p>< P > pages 3:9, 14, 19 Palin 2:11 pandemic 12:15 15:7 20:13 40:5, 6, 9, 14 paramedics 28:4 paramount 36:11 part 9:1 14:21 22:4 25:8 39:17 40:4 43:24 44:9 participants 1:12 2:4 participated 24:25 25:25 particular 18:21 19:22 39:18 partners 5:1 11:10, 14 12:9, 20 15:16, 21 19:12 20:7 21:13 24:19 25:1, 13 33:4 37:14 40:8, 12 partnership 40:7 parts 40:25 Patti 2:1 4:19 5:1 7:24 9:11 11:7 13:3, 5, 12 14:23 16:10, 12 17:14, 15, 18 18:4, 13, 16 19:14 20:9 21:6, 8 22:10, 13, 19, 24 23:9 24:11, 22, 23 25:21, 22 26:7, 11, 22 27:10, 24 28:2, 11, 13 29:12, 14 30:15, 23 31:8, 20 32:1, 9, 12 34:1,</p>	<p>4, 5 37:20, 22 38:6, 12, 23 39:12, 13, 14 42:3, 5 45:25 46:14 Patti's 5:6 Paul 44:14 pause 11:11 peace 27:8 people 8:25 10:6 20:18 36:4 37:25 45:7 people's 33:6, 7 permission 45:10 person 31:14, 23 32:19 personal 32:17 personally 42:18 perspective 5:7 8:18, 21 13:4 Peterborough 1:25 2:2 5:5 8:21, 23, 24 9:3, 4 10:10, 17 23:22, 25 24:2 26:20 35:20 36:24 37:6, 7 phonetic 22:9 physical 17:25 physicians 24:5 piece 26:23 29:15 Pine 24:1 place 12:8 32:4 39:7 47:7 places 45:4 plan 40:9, 10 planned 22:20 planning 14:14 40:23, 24 41:4 plans 20:13, 14 39:7, 10 playbook 6:4, 5 point 31:14 32:19 Polik 2:8 population 8:24 9:16 10:3, 4, 7 14:20 position 7:12 positive 17:7 28:15 31:9 39:18</p>
--	--	---	--	---

<p>possible 16:22, 23, 24 potentially 37:16 PPE 24:10 29:5, 14, 17 30:14, 15 35:19, 22 practice 15:2, 7, 8 16:4 21:20 23:1, 5, 7, 10, 19 24:20 25:10 31:4 37:24 practices 18:1 pre-COVID 39:6 prefer 14:5 preferred 8:9 premise 36:3 prepare 25:12 prepared 7:24 39:8 40:18 preparedness 27:7 prescribed 11:2 PRESENT 2:14 9:25 36:19 presentations 23:4 PRESENTERS 1:23 pressure 7:7 pretty 9:17 23:1 prevented 19:10 prevention 11:6 32:16 35:15 36:5 previous 18:21 28:15 40:21 primarily 11:5 primary 12:25 problem 21:2 29:17 30:10 31:5 36:18 42:1 proceedings 47:6 process 5:17, 21, 22 professional 33:17 professional- trained 34:8 Program 2:2 4:24 22:1 progress 8:10 promoters</p>	<p>14:24 15:1, 8 Promotion 11:1 prompts 14:9 proportion 10:4 Protection 11:1 12:8 protective 32:17 protocol 11:9 12:19, 25 13:17 45:18 protocols 11:7 provide 5:6 13:1, 6 15:15 16:1 19:19 31:5 32:25 33:12, 16, 21 41:18 44:12 provided 8:4 9:12 15:14 19:1 25:13 31:1 38:15 providers 13:10 providing 8:17 province 9:1 27:15 28:22 44:8 Provincial 10:24 24:17 26:15 43:25 provincially 42:22 Public 1:25 2:2 5:6, 14 8:23, 24 10:12 11:3, 13 12:5, 9 14:19 15:12, 14, 18, 23, 24 16:5 19:9, 20 21:25 23:11, 24, 25 25:4, 23 26:16 28:19 31:2 32:23 33:10, 15, 19 34:21 35:3 38:15 42:25 43:14 publish 41:11 purpose 3:5 pursuing 42:16 put 32:1, 3 < Q > question 11:19 14:9 17:4, 11 29:2</p>	<p>questions 7:21, 23 8:4 11:12 13:16, 23 14:1, 6 22:2 45:2 questions/reques ts 3:8, 13, 18 quickly 19:23 45:15 quite 15:11, 17 17:7 36:15 39:19 41:2 < R > R/F 3:18 rapid 26:13 rate 36:24, 25 rates 20:19 41:7, 10, 14 reach 34:9 ready 39:8 real 39:23 really 5:3 6:3 13:6 15:6, 9 22:4 26:20 31:9, 16 32:5 33:10 35:16 38:25 41:1 43:7 45:21 reassuring 40:2 recall 21:7 recognize 11:24 recommendation 32:21 recommendation s 6:7 7:11 8:18 32:13, 14 33:1 record 17:1 recorded 47:11 red 18:18 referred 11:20 21:24 39:1 referring 18:17 21:14 reflect 8:15, 16 reflected 35:25 reflects 36:23 refreshed 34:11 refusals 3:4, 17 refused 3:18 regional 15:25 23:23 24:2 33:14, 19 44:13 registered 9:14</p>	<p>regular 31:14 42:22 44:19 related 16:23 23:7, 10 42:9 relation 31:13 relationship 26:25 27:3 44:22 relationships 27:7, 12, 22 38:18 relatively 8:25 9:7 release 24:16 relied 15:22 remarks 47:10 remotely 1:13 report 5:17, 20 25:12, 15 41:9 reported 7:8 29:2 Reporter 47:4, 24 REPORTER'S 47:1 representation 25:3, 4 44:13 representatives 10:23 represents 44:5 requirements 12:18 resident 17:19, 21 18:19 residents 27:18 28:8 33:23 resides 43:7 resourced 33:15 resources 14:18 31:5 33:12, 25 respiratory 18:23 22:16 39:25 41:16 response 14:22 16:2 26:14 40:6, 24 responsibility 13:1 responsible 12:7 restrictions 35:13 results 28:9</p>	<p>retirement 9:14, 18, 21 10:8, 9 16:15, 20 19:21 21:12 23:13 27:1 28:6, 14 29:19, 23 39:16 review 20:13 reviewing 17:2 22:3 reward 41:6 Ridge 24:1 riding 31:21 risk 9:24 18:5, 6, 8, 14 19:4, 6, 7 20:4 35:23 road 21:2 robust 39:7, 9 Rokosh 2:11 role 10:14 11:13 13:6 23:2 32:24 Rosana 1:24 4:9, 12, 15, 18, 22 6:1, 19, 25 7:9, 14, 18 8:3, 14 11:22 12:4, 17 13:15 14:3, 11, 15 16:17 17:14 18:3, 17 19:3 20:5, 10 21:6 22:8 23:17 25:7, 21 26:10 27:11, 25 28:3, 16 29:12 31:7, 19 32:7, 11 34:18, 23 35:2, 7, 9 36:20 39:11, 13 40:3 41:3 42:3, 12 43:16, 21, 24 44:3, 10 45:13, 23 46:1, 5, 9, 12 Roumeliotis 44:14 routine 28:24 rows 16:18 < S > Salvaterra 1:24 4:9, 12, 15, 18, 22 6:1, 19, 25 7:9, 14, 18 8:3, 14 11:22 12:4, 17 13:15 14:3, 11, 15 16:17</p>
--	---	---	---	---

<p>17:14 18:3 19:3 20:5, 10 21:6, 14, 24 22:8 23:17 25:7, 21 26:10 27:11, 25 28:3, 16 29:12 31:7, 19 32:7, 11 34:18, 23 35:2, 7, 9 36:20 39:11, 13 40:3 41:3 42:3, 12 43:16, 21, 24 44:3, 10 45:13, 23 46:1, 5, 9, 12 Salvaterra's 19:15 sanitation 36:7 SARS 6:4 Saturday 28:1 scenario 38:20 scenes 15:21 school 42:19 schools 42:19, 23 scientific 32:24 seasonal 10:7 37:8, 13 Secretariat 2:7, 10, 12 secrets 17:22 Section 11:2 sector 11:14 15:5 20:16, 21 21:16 23:19 25:10 31:17 40:17 41:5 42:9 43:3, 7 sectors 44:4 self-isolation 36:22 send 8:5 33:20 seniors 21:15 sense 14:18 21:4 34:2 36:17 45:7 September 25:14 serve 9:4 serves 8:24 serving 14:20 set 47:7 setting 33:13 34:25 36:9, 10 42:16</p>	<p>settings 9:19 16:16, 20, 24 21:20 23:14 25:17 27:2 28:4 33:5 42:19 setting-specific 33:1 severely 36:16 share 17:22 26:2 28:11 shared 25:15, 24 sharing 24:25 short 7:5 43:18 Shorthand 47:4, 15, 24 showed 18:1 significance 12:5 similar 42:24 simple 31:23 sister 30:8 sit 7:13 site 34:15 situation 19:22 small 8:25 9:7 14:18 33:18 36:8 solve 29:17 31:5 solving 30:10 somebody 31:24 33:21, 22 Sorry 6:19 16:12 30:11 31:7 sort 5:9 31:23 39:7 40:23 42:16 44:4 sound 8:18 sounds 22:25 40:21 space 17:25 speak 7:19 12:19 14:16 speaks 44:10 specialist 32:16 34:9, 13 specialty 43:6 specific 21:20 33:13 35:20 spoke 35:6 42:14 spoke-and- wheel 31:18</p>	<p>spread 19:10 23:24 spreading 18:2 square 9:6 St 22:8 stab 38:11 staff 14:20 17:19, 21 18:24 21:23 23:11, 15 25:8, 9 27:18 28:7, 14, 24 29:24 32:18 33:23 35:18, 21 36:14, 18, 21, 22 37:6, 18, 19 41:7, 9, 14 staffed 15:8 staffing 29:4 30:3, 4, 18 stakeholders 25:24 standard 11:6 31:16 standards 11:4 start 18:4 20:2, 6 26:6 Stenographer/Tra nscriptionist 2:15 stenographically 47:11 step 27:9 38:25 steps 21:5 story 16:7 straits 30:6 strengthened 15:3, 6 stretch 38:22 strong 26:25 27:21 41:18 structure 17:25 submission 8:5 13:19 45:15 substantial 10:4 success 22:5 26:18, 19 successfully 45:7 suddenly 34:12 suggestions 6:13 summary 45:16 supplemented 11:3</p>	<p>supplies 29:5 supply 29:16 support 6:16 13:2 15:16, 23 16:1, 5 19:1, 16, 20 21:15 30:25 32:24 33:16 34:3, 7, 14 35:4 36:9 supported 29:16 32:23 supporting 15:22 36:2, 11 supports 16:3 surveillance 27:15, 20 28:12, 24 swabs 29:25 systems 36:8 < T > tabletop 40:11 takes 11:25 talk 14:16 22:2 43:8 talked 38:14, 17 talking 21:21 43:14 team 14:21 15:22 19:17 23:5, 8 24:11 33:20 teams 15:25 33:15 technical 32:24 teleconference 21:17 24:3 25:1 teleconferences 20:11 tended 18:23 39:21 term 40:22 terms 7:11 27:6 29:10 39:8 testing 27:16, 17 29:6, 21 30:14, 16 Thanks 39:4 thing 21:3, 9 29:22 things 7:4 12:15 24:9, 10 29:7 32:3 45:4, 5</p>	<p>thinking 31:21 34:23 45:11 thought 5:2 6:6 thoughts 38:19 Thursday 27:23 time 5:18 7:24 15:12 18:24 21:17 22:16 24:16 27:8 47:7, 10 timely 26:15 40:1 times 27:13 29:3 30:4 44:19 today 21:21 45:19 tools 11:8 Toronto 37:4 total 9:10 10:2 16:13, 18 touch 10:13 touched 13:6 traditional 5:22 trained 29:24 34:13 training 16:3 29:6, 23 31:1, 13 32:6, 18 transcribed 47:12 transcript 47:15 transition 27:4 transmission 28:18 37:14 true 47:14 trust 27:3 trying 5:13 24:19 45:3 turn 6:22 29:13 type 41:25 types 31:14 typically 5:11 10:6 < U > U/A 3:14 U/T 3:8 13:15 22:13 25:22 26:7 45:13 understand 8:20 33:22 34:1 45:4 understanding 10:14 34:18, 20 35:14 36:10</p>
--	---	--	--	---

<p>understands 34:25</p> <p>understood 7:23 33:11</p> <p>undertaken 3:8</p> <p>undertakings 3:3, 7</p> <p>unique 36:10</p> <p>Unit 8:24 25:4 36:19</p> <p>units 23:25 42:7</p> <p>unknown 39:25</p> <p>unlicensed 9:21</p> <p>updates 44:12</p> <p>< V ></p> <p>value 28:23</p> <p>Vera 42:15, 23</p> <p>VERITEXT 47:22</p> <p>version 25:15 26:2, 5</p> <p>vicinity 13:11</p> <p>videos 31:1</p> <p>virus 40:19</p> <p>vis-à-vis 17:24</p> <p>visiting 35:13</p> <p>volunteered 27:14, 19</p> <p>vulnerable 20:16, 23</p> <p>< W ></p> <p>waiting 4:14</p> <p>wanted 8:11 39:6</p> <p>water 36:6, 7</p> <p>Wave 6:10 7:6, 7, 8 14:5, 17, 21 16:8 17:7 26:13 36:24 45:8</p> <p>ways 9:24</p> <p>week 10:19 22:20 41:9</p> <p>weekly 20:10 21:22 23:20 24:3, 25 42:20</p> <p>weeks 21:22 42:22</p> <p>widely 29:2</p> <p>widespread 27:16</p> <p>wonder 13:16</p> <p>won't 13:25</p>	<p>work 5:21, 22 8:10 11:10 12:23 16:5 20:15 23:18 25:8 26:12 27:12 33:24 34:17 38:1 39:20 40:4, 15 41:15, 16, 18 42:18, 20, 23 45:6 46:2</p> <p>worked 15:4 18:20, 24 40:8 45:4</p> <p>working 14:25 19:9 26:25 28:20 38:17 41:23 42:17 43:9</p> <p>works 12:3 44:17</p> <p>wrap 45:15</p> <p>write 5:19</p> <p>writing 5:16</p> <p>written 8:5 21:9 45:15</p> <p>< Y ></p> <p>Yeah 17:15 22:10, 14, 18, 24 28:13, 15 29:14 30:15 32:7 35:5, 7, 8 38:23, 24</p> <p>year 37:12 41:7 44:16</p> <p>years 5:17 10:3 37:9, 12 40:5, 7</p> <p>year's 41:9</p> <p>yellow 18:9</p> <p>< Z ></p> <p>Zoom 1:12</p>			
--	---	--	--	--